

# **MEDICAL BOARDS**

09/04/16

# Briefing Outline

- Purpose of Medical Disability Evaluation System
- Overview of the process
  - Permanent profiles
  - MMRB
  - MEB and PEB
- Responsibilities
- POC's

# Abbreviations

- **PPES:** Physical Profile Evaluation System
  - AR 600-60
    - **MMRB**= MOS/Medical Retention Board
- **DES:** Disability Evaluation System
  - AR 635-40
    - **MEB**= Medical Evaluation Board
    - **PEB**= Physical Evaluation Board
    - **USAPDA**= U.S. Army Physical Disability Agency
    - **APDAB** = Army Physical Disability Appeal Board
    - **ADRRB**= Army Disability Rating Review Board

# PPES:

## Physical Profile Evaluation System

- **MMRB=** MOS/Medical Retention Board
  - **Local board**
  - **Composition:**
    - COL, LTC x 2, plus LTC or COL doc, CSM
  - **Recommendations** based on:
    - a soldier's physical ability to reasonably perform in PMOS or specialty, in his/her rank, under worldwide field conditions.
    - experience, common sense, and judgment of board members

# DES: Disability Evaluation System

- **Permanent Profile- P3**
  - **3 medical officer signatures**
- **MEB** (MEBD)= Medical Evaluation Board
  - **Local “board”**
  - **MEB Narrative Summary- by physician**
- **PEB**= Physical Evaluation Board
  - **Ft. Sam Houston**
  - **three members**
    - president, personnel management officer, and a medical officer

# **Disability Evaluation System:**

## **Roles of MEB and PEB**

- **MEB**
  - To document a service member's medical status, and the resultant duty limitations
- **PEB**
  - To decide fitness/unfitness for further military duty in their PMOS/SSI of physical or mental disability

# Disability Evaluation System- Purpose

- **Maintain an effective and fit military** organization with maximum use of available manpower.
- **Provide benefits for eligible soldiers** whose military service is *terminated* because of a service-connected disability.
- **Provide prompt disability processing** while ensuring that the rights and interests of the government and the soldier are protected.

# Disability Evaluation System

- Is not:
  - an entitlement acquired by reason of service-connected illness or injury;
- Is:
  - provided to soldiers whose service is interrupted and they can no longer continue to reasonably perform in their PMOS/SSI because of a physical disability incurred or aggravated in service.



# Physical Profile Codes

- 1 = Fully functional
- 2 = Maximum effort for long periods
  - limitations are minimal
- 3 = Maximum effort for only brief periods
  - **P3 requires MMRB or MEB**
- 4 = Unable to perform any military duties
  - rarely written

*(If you disagree - call the Doc!)*

# Temporary Profile

- For self-limited conditions
  - that can be expected to improve
- >30 days: must be confirmed by physician.
- Every 3 months: re-eval required
- May do Alt. APFT if temp. profile is 90 days or more (must have 90 days to prepare)
- *At 12 months must show medical action or disposition (Permanent profile).*

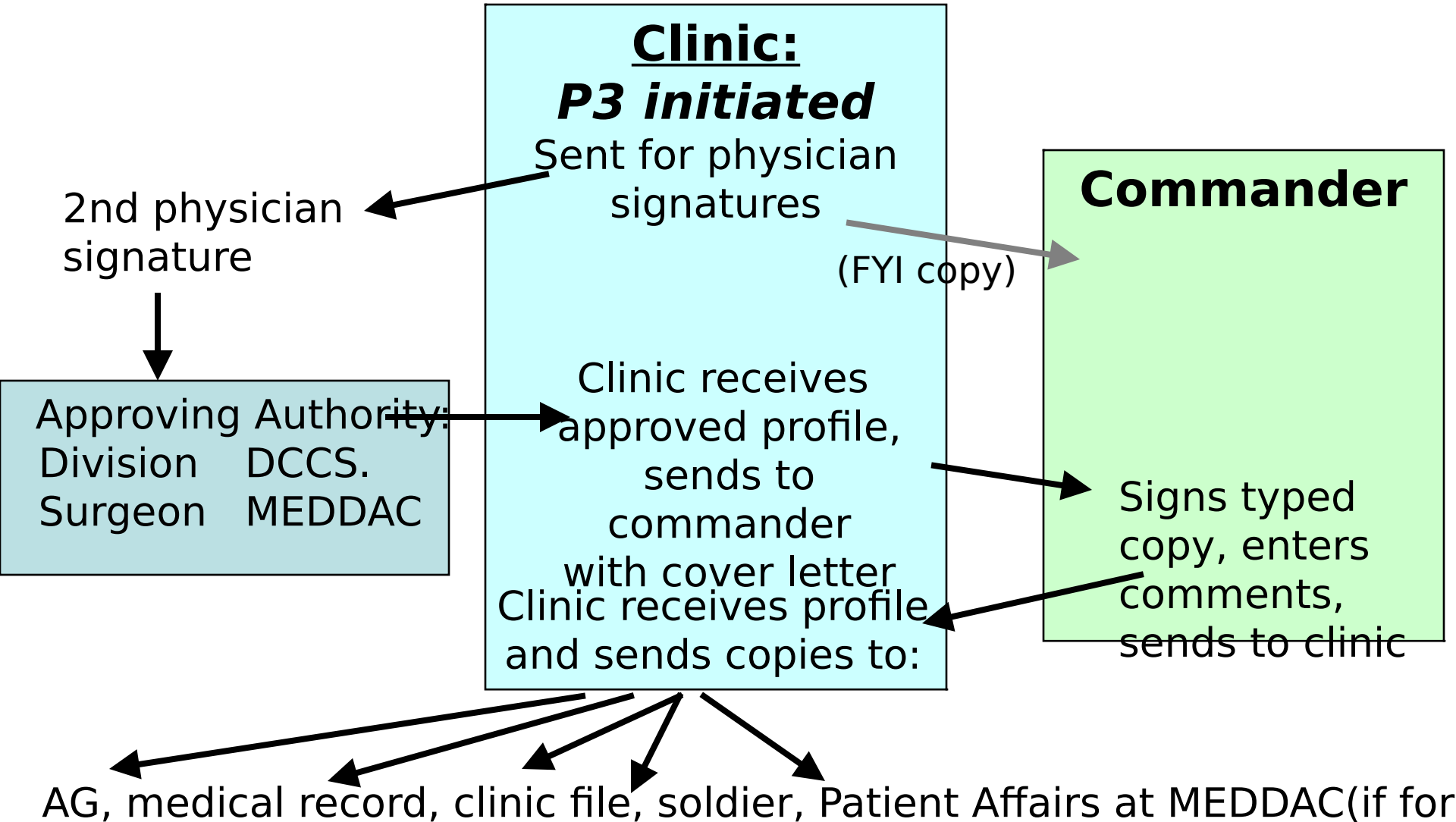
# Permanent Profile

- Requires 2 physician signatures
- Requires Approving Authority  
= senior physician
- May be amended anytime if medically indicated:
  - ➔ May be upgraded or downgraded
- Reviewed and signed by commander
- Copy must go to AG/G-1.
- Reviewed at each periodic physical.

# P2 vs. P3

- Source of ongoing debate
- P3 if:
  - can't train for or run the APFT 2 mile
  - can't carry 40 lb ruck
  - can't carry duffel bag
  - limited road marching (with ruck)
- Questions:
  - contact the physician

# The Profile process



MEMORANDUM FROM: \_\_\_\_\_ (Clinic Name)

MEMORANDUM FOR: COMMANDER  
\_\_\_\_\_(Unit Name)SUBJECT: NOTIFICATION OF PERMANENT PROFILE on \_\_\_\_\_  
(soldier's name)

1. This memorandum is to notify you that the soldier listed above is receiving a permanent profile (see attached DA Form 3349).
2. This profile requires signatures by three physicians, including the APPROVING AUTHORITY. If there is not currently a signature, then the attached profile is *for your information only*, and you will receive the completed profile after it is processed through medical channels.
3. When you receive the completed profile (with three signatures), as commander, you must indicate under "ACTION BY UNIT COMMANDER" whether the permanent profile DOES or DOES NOT require a change in the soldier's MOS or duty assignment.
4. **This soldier is being referred to one of the following (see instructions below):** (you may use this form as a checklist)

<input type="checkbox"/> <b>MMRB: MOS Medical Retention Board</b>  Instructions to commanders:  <input type="checkbox"/> Forward one copy of the completed DA Form 3349 to: AG, Bldg. 624 ATTN: Mrs. Whitfield. <input type="checkbox"/> You will be advised by AG to submit a Commander's Letter for the MMRB. AG will provide you with instructions.	<input type="checkbox"/> <b>MEB: Medical Evaluation Board</b>  Instructions to commanders:  <input type="checkbox"/> Forward one copy of the completed DA Form 3349 to: AG, Bldg. 624, ATTN: Mrs. Whitfield.  <u>Ensure that the soldier does the following:</u> <input type="checkbox"/> <b>NOW:</b> Schedules a physical examination at his or her regular clinic.  <input type="checkbox"/> Completes Parts 1 and 2 of the physical examination  <input type="checkbox"/> <b>After Physical Examination:</b> Goes to Winn Army Hospital, Patient Affairs Branch (PAB) (first floor), with copy of profile and his or her medical records, <input type="checkbox"/> <b>*You will be contacted by PAB</b> by memorandum informing you that your soldier has been entered into the Disability Evaluation System. <b>after your soldier sees them</b> (if you haven't been contacted, then your soldier hasn't seen them). <i>This memorandum indicates initiation of the MEB. No memorandum = MEB has not been started yet.</i>  <input type="checkbox"/> <b>AFTER THE Appointment with the PAB:</b> Soldier schedules an appointment for MEB Dictation at the hospital. This appointment should be scheduled for a date AFTER the MEB physical examination.  <input type="checkbox"/> Is present for the MEB Dictation appointment.
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# Letter to Commanders

Sent to commanders with copy of permanent profile.

Designates:

- MEB
- or MMRB

# Permanent Profiles

- Commanders should expect to get:
  - Copy of completed profile (three signatures)
    - and cover letter
  - Notification by AG (for MMRB)
  - Notification by Patient Affairs, MEDDAC (for MEB/PEB)
- *Commanders must:*
  - provide comments and signature on profile
  - provide letter for MMRB or MEB

# Who goes to MMRB

- Reasonable possibility of continued deployability and performance of PMOS duties in field conditions
  - includes the capability of performing basic physical tasks IAW STP 21-2.
- When physician does not refer to MEB
- NOT: *Soldiers with approved retirement, bars to reenlistment, or pending admin separation*



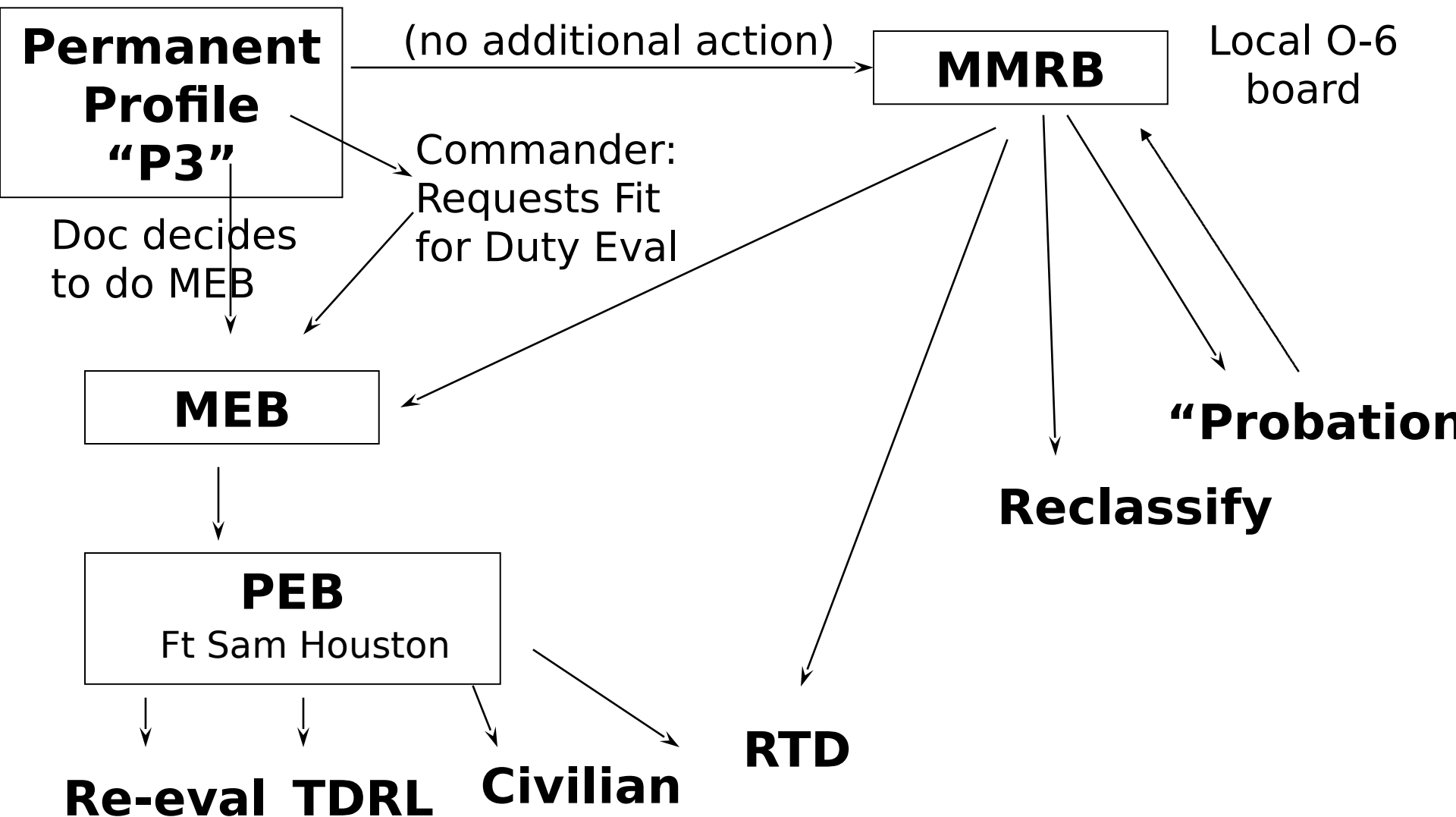
# Who goes to MEB

- MMRB directed
- Physician directed:
  - IAW Ch. 3, AR 40-501
  - When profiling physicians determine that soldier can't perform soldier tasks
    - (use chain of command input when necessary)
  - When profile-approving authority directs case to MEB.
- DA directed :
  - If MMRB's recommendation for reclassification is disapproved at DA

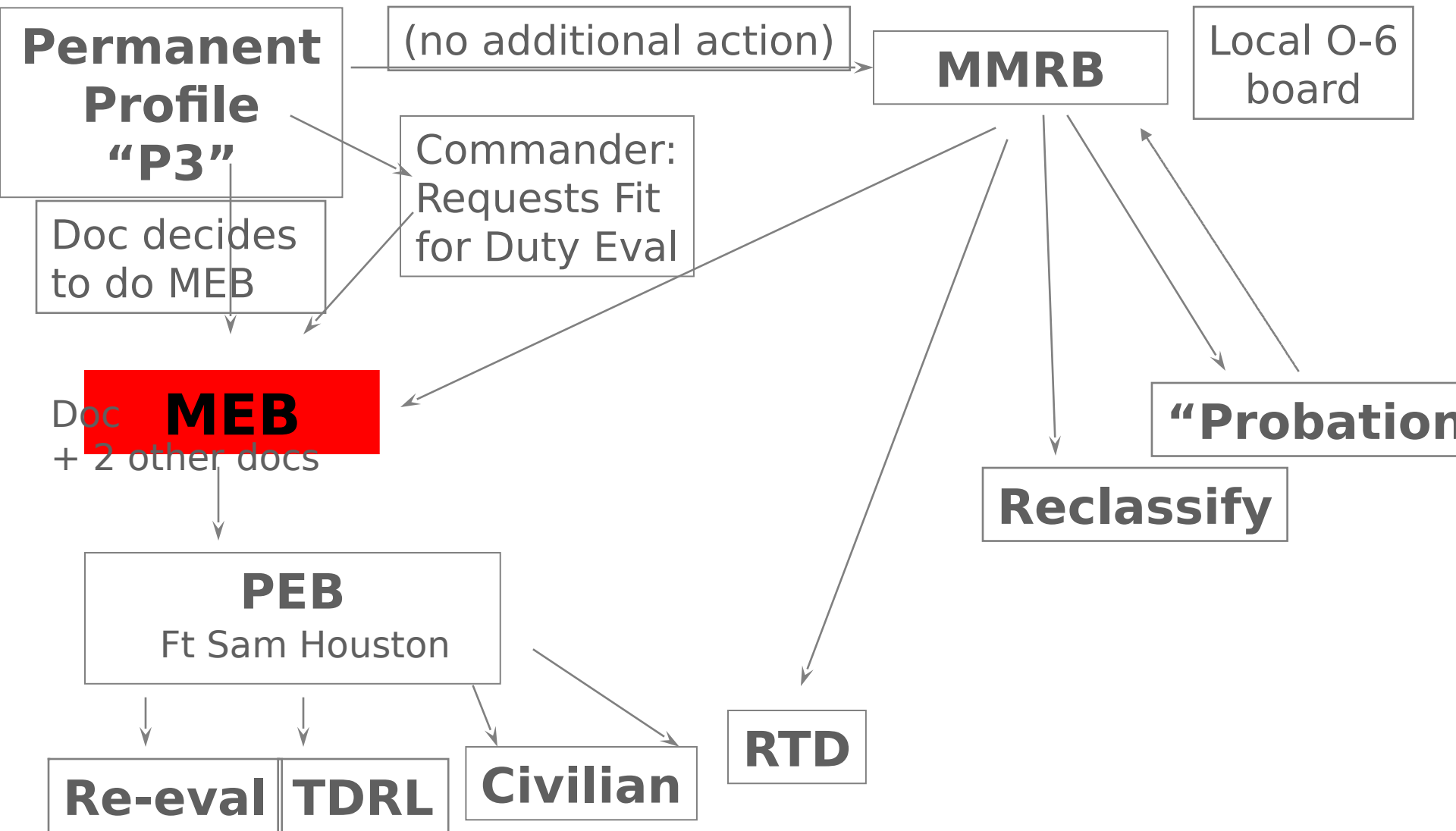
# Who does NOT go to MEB

- Enlisted:
  - no MEB/PEB when action has been started for discharge under other than honorable conditions.
    - GCMA may abate the administrative separation.
- Commissioned or warrant officer:
  - no MEB/PEB *instead* of elimination action (administrative separation) that could result in separation under other than honorable conditions.
    - will be processed *simultaneously* for administrative separation and physical disability evaluation.

# MEB/PEB- Overview



# MEB Process



# MEB Process

P3 profile initiated, sent for signatures

Soldier schedules & completes physical exam at clinic

Clinic sends letter of intent to MEDDAC  
Patient Affairs Branch (PAB)

Soldier to Patient Affairs with profile, medical  
record: Initial counseling

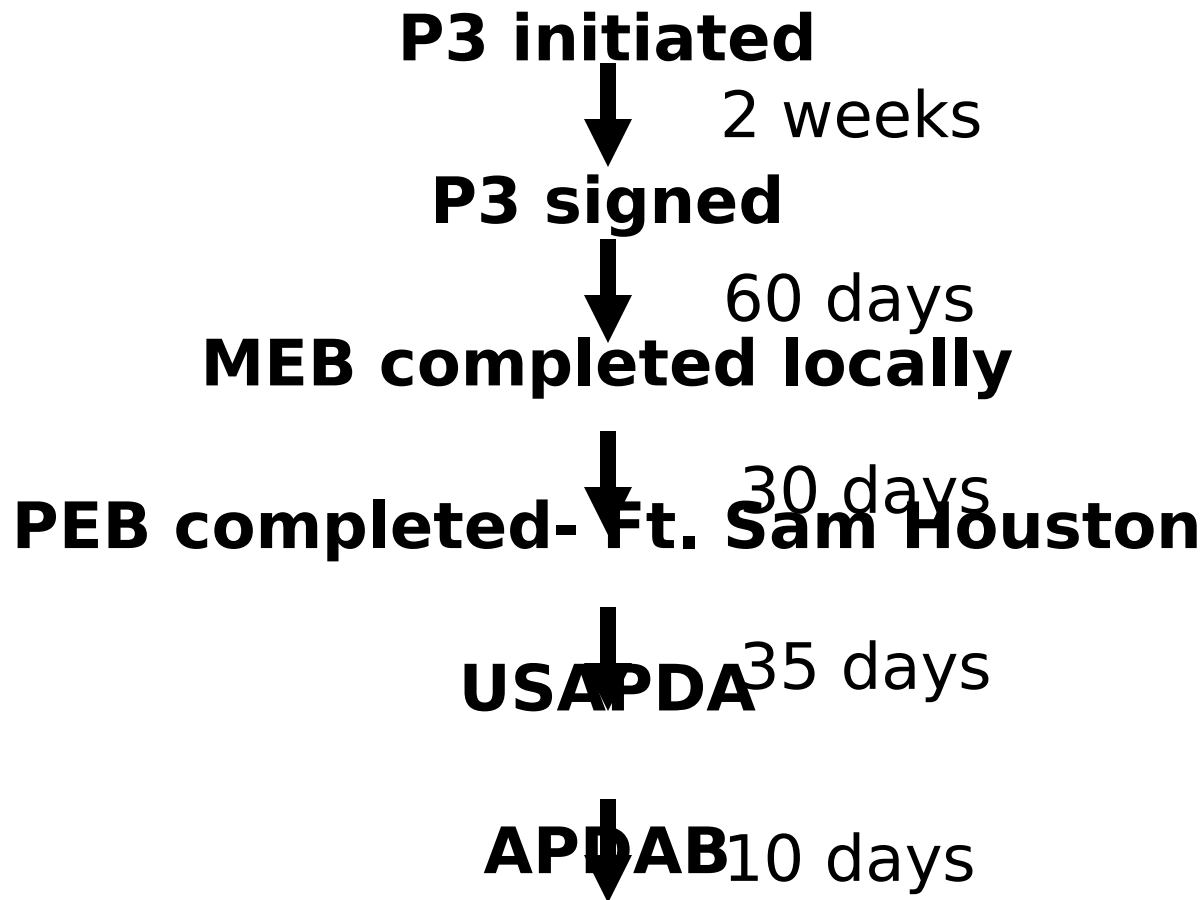
PAB sends memorandum to commander

PAB arranges MEB dictation appointment

Soldier goes to MEB dictation appointment

Soldier has follow-up with PAB

# Timeline for MEB/PEB



# PEB Must Determine:

- Fitness for duty
- Did the condition:
  - begin prior to or during service
  - become aggravated by service
- Eligibility for benefits
  - Title 10 USC 1201 thru 1203
- Permanency of condition
- Per cent disability

# Deployability

- Soldiers are nondeployable when:
  - (1) The soldier gets a P3 profile, and has not yet completed MEB/PEB or MMRB process and has been determined fit for duty
    - \*pending MMRB: may deploy for training*
  - (2) The MMRBCA refers the soldier to the Army's disability evaluation system.
  - (3) The MMRBCA recommends that the soldier be reclassified or change specialty code.
  - (4) The MMRBCA places the soldier in a probationary status.



# Physician Responsibilities

- Quality medical care:
  - Accurate diagnosis
  - Thorough evaluation plan
  - Comprehensive treatment plan
- Accurate profile
  - consistent externally- with soldier's condition
  - consistent internally (not self-contradictory)
  - look at the profile from commander's viewpoint
  - complete the entire profile
  - use understandable language

# Physician Responsibilities

- Protect the soldier's health
  - validate soldier's pain, unless strong proof of malingering
- Watch for profile shopping
  - Soldier is not in charge of the profile process
- Communicate with chain of command
  - with the soldier present
- Specify MMRB or MEB on profile
- Copy of profile to:
  - soldier, commander, AG, MEB, clinic file

# Unit Surgeon Responsibilities

- Sustain unit readiness-
  - process profile and physical exam promptly
  - work with Tf and S-1's:
    - track profiles and MEB's being processed
    - provide update for USR

# Soldier Responsibilities

- Attend all appointments
  - inform chain of command
- Follow physical therapy program closely
  - incl. “HEP” (home exercise program”)
- Provide copy of profile to chain of command

# Command Responsibilities

- Ensure soldier makes all appointments
- Discuss concerns about profile with physician
- Provide Commander's Statement
  - for MMRB and MEB
- Line of Duty Investigations when required
  - must be completed and approved prior to MEB
  - acute injuries: Unit conducts LOD
  - overuse injuries: PAB conducts LOD

# Command Responsibilities

- Ensure counseling with documentation on disciplinary problems
- Adhere to policy on Deployability
- Chapter 7,14,15 actions (instead of MEB)
- TDY- is responsibility of unit of assignment
- Do not make soldiers feel like outcasts

# AG Duties

- Collect all P3's
- Coordinate MMRB
  - schedule
  - contact soldiers
  - contact commanders
  - brief board members

# Patient Affairs Branch: Duties

- Initial briefing of soldier
- Notify commander and provide instructions
- Coordinate for completion of MEB
- Coordinate with PEB and other agencies
- Provide status reports to Brigade Surgeons at end of month



# S-1 can help:

- Give list of anybody you think is medically non-deployable (pending action) to unit surgeon
  - Especially those PENDING medical board/MMRB
  - BN PA, or BDE Surgeon will verify status, assist with processing

# POC's

- Chief, Patient Affairs Branch
  - Physical Evaluation Board Liaison Officer (PEBLO)
- Alternate PEBLO
- TDRL Coordinator-
- Medical Clerk (Births, Deaths)
- Line of Duty/Automation Clerk

# POC's

- Profiles, Physical Exams
- MMRB

# POC's

- Physical Evaluation Board Liaison Officer (PEBLO)
- Alternate PEBLO